



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
Limited Liability Company

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number 112922		2. Exact name of the Limited Liability Company Reelaxation, LLC			
3. NAICS Code 531110		4. Brief description of the character of business conducted in Rhode Island Property Holding Company			
5. State of Formation Rhode Island					
6. Principal Office Address 873 Warwick Avenue			City Warwick	State RI	Zip 02888
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name David A. Guadagnoli			Contact Title Manager		
Street Address 10 Jacob Drive			City Mansfield	State Ma.	Zip 02048
8 List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
Name of Authorized Person Joseph M. Rameaka, Registered Agent				Date October 5, 2017	
Signature of Authorized Person SIGN DOCUMENT HERE					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED
 OCT 10 2017
 BY 1060 KM